U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1:11.9	2. Fiscal Year Covered From:
	7/7/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name HENRY ZYLLA	Name FINGUINERS UNION LOCATION-
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 5017 130
Street 9 EAST VIEW LANE	Street 1983 HARCUS AVE
City OLD BROOKVILLE	City LAKE SUCCESS
State /VEW YORK ZIP Code +4 11545-200	Stale NEW YORK ZIP Code +4 1/042 -1014
5. Position in labor organization.	the territory of the second se
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Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excit	use or minor child directly of indirectly had any of the following interests (sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.
	7.a. Nature of Interest, Transaction, or Income.
Name	
Name	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Name :  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	
Name :  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.b. Amount.
Name :  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	
Name :  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  2IP Code +4  Stock	7.b. Amount.
Name :  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of	ature (1993)  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
Name :  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the clion on penalties in the instructions.)
Name :  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  2IP Code +4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature (1993)  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing HENRY ZYLLA	File Number <b>U</b> -
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  Zli Ccda÷4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  Z'? Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name VIADECK WALDHARD  Trade Name, if any.  P.O. Box, Bldg., Room No., if any Say 178 Soo	er parts A and B above) or other thing of value.  14.a. Nature of payment.  4 +0 6 bottles of wine  CHRISTMAS GIFT FROM  LAW FIRM SCHOON  REPRESENTS CONTON
Street 1501 BROAD COAY  City NEW YORK  State IVE W YORK  ZIP Code + 4 10036  13.b. Is the Business an Employer V or Consultant ?	14.b. Amount of payment.

Form LM-30 (2003)

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